

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04258

1. Entity Name

SEEDORFF EXPORT TRADING COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90011 026 ***150.00

Principal Place of Business

8973 SE SUNFISH PL
HOBE SOUND FL 33455

Mailing Address

8973 SE SUNFISH PL
~~777 SOUTH FLAGLER DR. #800W~~
HOBE SOUND FL 33455-3202
US

2. Principal Place of Business

8973 SE SUNFISH PL

3. Mailing Address

8973 SE SUNFISH PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

4. FEI Number

65-0018733

Applied For

Not Applicable

Zip

33455

Country

MARTIN

Zip

33455

Country

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SATZINGER, PAUL
8973 SE SUNFISH PL
HOBE SOUND FL 33455

Name

PAUL G. SATZINGER

Street Address (P.O. Box Number is Not Acceptable)

8973 SE SUNFISH PL

City

HOBE SOUND

FL

Zip Code

33455

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SEEDORFF, GERHARD
2C BAHNHOFSTRASSE
HAAR, WEST GERMANY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KELLER, MARTINE
2C BAHNHOFSTRASSE
HAAR, WEST GERMANY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SATZINGER, PAUL G
8973 SE SUNFISH PL
HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERHARD SEEDORFF

Date

Daytime Phone #

4/28/00 561 546-7152

CR2E034 (9/99)